In The Un	ited States D.	strict courtHouse
	District of D	
Daniel S Green		CA# 04-027
V.	]	CATT 05-5-19
First correction made	fice \ 110 ;	
First correction med Charles e.	1	
ABat 7	Dates from T	Defendants
· · · · · · · · · · · · · · · · · · ·		
I Daniel S. Go	een Do agre	e with dates. As For
		the Defendants have
all Paper work even	the paper +2	at I sent in from
Dr. Sing Son MD. Ican	a) so Sende	ing copies of my medical
ion that I will mo	st littly be t	caken for the rest of my
life from the dange	ge to my let	Et hand which I just
got a Refill on the	one and u	145 give enisporodol
which is a muscel re	laxer for the	mosel@parm, which
I have talk about	in my moti	ione,
As well	your honor +	ne defendants never
filled in the date e	chen they and	I wish to have of the Schooling order.
a settment hearing a	a the begaining	of the Schooling order.
	FILED	Respectfully
	SEP - 5 2007	Daniel S. Hear
Dete 9-5-07		421-Bernet st
	U.S. DISTRICT COURT DISTRICT OF DELAWARE	a lonington Del, 1980
	BD scanned	(302) 384 -80 77

Date 9.507  David J. Horn  921 Bennetts t  withington Delicare  19801  (302) 384-8077	I have sent one by first class mail pos and to starry Xanhoulakes.	true copy to the defendants
921 Bennett st wilmington Del corre 19801		
	Date 9-5-07	921 Bennett st wilmington Del corre

more details

medical advice

possible uses,

RITE AID PHARMACY #814 801 MARKET STREET

(302)655-7432Store DEA: AR1481415

RPH: GAA

Rx 00814 0243582 GREEN, DANIEL S

WILMINGTON DE 19801

Date Filled: 08/30/2007

Date of Birth: 05/12/1969 921 BENNETT ST WILMINGTON DE 19801

(302)421 - 8282

TRAMADOL HCL 50 MG TABLET NDC: 57664-0377-13 OTY: 60

DAW: 0

DAYS SUPPLY: 30

DOMINGO C SINGSON MD

1021 GILPIN AVE STE 104 WILMINGTON DE 19806

NO REFILLS LEFT

MEDICAID CARD STATE OF DELAWARE DIV OF SOCI CLM REF #: 432007242325822

RITE AID PHARMACY #814

801 MARKET STREET

(302)655-7Store DEA: AR148  $RPH: \leftarrow$ 

WILMINGTON DE 19801

Rx 00814 0243583

Date Filled: 08/30/2

GREEN, DANIEL S

Date of Birth: 05/12/1969

921 BENNETT ST WILMINGTON DE 19801

CARISOPRODOL 350 MG TABLET

 $D\Lambda V$ 

NDC: 53489-0110-01

QTY: 30

DAYS SUPPLY

(302) 421-8

DOMINGO C SINGSON MD

1021 GILPIN AVE STE 104 WILMINGTON DE 19806

NO REFILLS LEFT

MEDICAID CARD STATE OF DELAWARE DIV OF SOC GRP: CLM REF #: 432007242325876

U&C:

\$59,99

PAY:

\$1.00

MEDICATION WARNINGS

DO NOT TAKE THIS DRUG IF YOU BECOME

MAY CAUSE CONSTIPATION. ASK YOUR DOCTOR OR PHARMACIST ABOUT HOW TO TREAT OF PREVENT CONSTIPATION WHILE TAKING THIS

MEDICATION.

MAY CAUSE DROWSINESS: ALCOHOL MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINES

OBTAIN MEDICAL ADVICE BEFORE TAKING NON-PRESCRIPTION DRUGS AS SOME MAY AFFECT THE ACTION OF THIS MEDICATION

MAY CAUSE DIZZINESS

TAKING MORE OF THIS MEDICATION THAN RECOMMENDED MAY CAUSE SERIOUS BREATHING PROBLEMS

DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION

U&C:

\$24.99

PAY:

\$0.50

MEDICATION WARNINGS

MAY CAUSE DROWSINESS ALCOHOL MAY.
INTENSIFY THIS EFFECT, USE CARE WHEN
OPERATING A CAR OR DANGEROUS MACHINES

DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION

ÖBTAIN MEDICAL ADVICE BEFORE TAKING NON-PRESCRIPTION DRUGS AS SOME MAY AFFECT THE ACTION OF THIS MEDICATION

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Filed 09/05/2007

To: U.S. District conthouse 844 Kins street wilm. Del. 19801

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statement of the statem